

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

T3108(C)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYNERGISTIC NEUROPROTECTIVE COMBINATIONS OF FLAVANOLS, HYDROXYSTILBENES, FLAVANONES, FLAVONES, FLAVONOLS, PROANTHOCYANIDINS AND ANTHOCYANIDINS

the specification of which (check only one item below):

☐

is attached hereto.

☒was filed as United States application Serial No 10/585364 on 6 July 2006
and was amended on (if applicable)☒was filed as PCT International application PCT/EP2004/014072 on 09 Dec 2004
and was amended under PCT Article 19 on (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day,month,year)	PRIORITY CLAIMED UNDER 35 USC 119
Europe	04250039.7	07 January 2004 (07.01.04)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that /those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56 (a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.

U.S. APPLICATION(S)		STATUS (CHECK ONE)		
U.S. APPLICATION NUMBER	U.S Filing Date	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NUMBER	PCT Filing Date	U.S Serial Numbers Assigned (if any)		
PCT/EP2004/014072	09 Dec 2004			

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

CUSTOMER NUMBER: 000201

Direct all correspondence to: CUSTOMER NUMBER 000201

201

Full Name of Inventor	Family Name HOLYOAK	First Given Name Caroline	Second Given Name Dawn
Residence & Citizenship	City Sharnbrook	State or Foreign Country United Kingdom	Country of Citizenship United Kingdom
Post Office Address	Post Office Address Unilever R&D Colworth	City Sharnbrook, Bedfordshire MK44 1LQ	State & Zip Code/Country United Kingdom

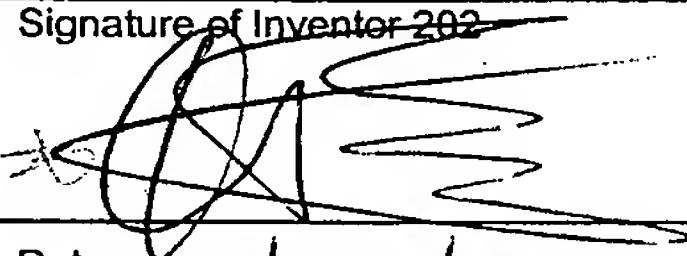
202

Full Name of Inventor	Family Name THETHI	First Given Name Karen	Second Given Name
Residence & Citizenship	City Leeds	State or Foreign Country United Kingdom	Country of Citizenship United Kingdom
Post Office Address	Post Office Address Old Medical School, Leeds General Infirmary	City Leeds, Yorkshire LS1 3EX	State & Zip Code/Country United Kingdom

203

Full Name of Inventor	Family Name	First Given Name	Second Given Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Post Office Address	City	State & Zip Code/Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such wilful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201	Signature of Inventor 202 	Signature of Inventor 203
Date	Date 18/07/2006	Date

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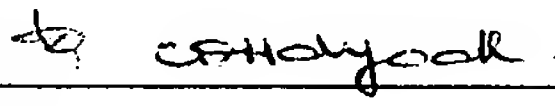
202

Full Name of Inventor	Family Name THETHI	First Given Name Karen	Second Given Name
Residence & Citizenship	City Leeds	State or Foreign Country United Kingdom	Country of Citizenship United Kingdom
Post Office Address	Post Office Address Old Medical School, Leeds General Infirmary	City Leeds, Yorkshire LS1 3EX	State & Zip Code/Country United Kingdom

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Full Name of Inventor	Family Name	First Given Name	Second Given Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
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Signature of Inventor 201 	Signature of Inventor 202	Signature of Inventor 203
Date 11/09/2006	Date	Date